

215050888  
72768

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 076	Agency Case No. B5-112817	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1	
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/05/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		STATE USE ONLY  12/06/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1925	POLICE NOTIFIED 1927		
B 50	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O STREET		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.			LONGITUDE
D 2	IF AT INTERSECTION			IF NOT AT INTERSECTION			
	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
				95.00		X 9TH STREET	
V1/M 19	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN		
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
VEHICLE NO. 1							
F 1	DRIVER LICENSE NO.	S-520-785-82-212-0			STATE (Of License) FL	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V1/N 1	DRIVER	SHANE E SINK			PHONE 843-441-4691	LOCAL NO.	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 1620 SW 13TH CIR, LINCOLN, NE 68522			DATE OF BIRTH (MM / DD / YYYY) 06/12/1982	V1/1 18	
G 2	OWNER	DARLENE SINK 08/06/84			PHONE 843-540-6421	LOCAL NO. V1/2	
H 1	OWNER ADDRESS	CITY, STATE, ZIP 1620 SW 13TH CIRCLE, LINCOLN, NE 68522			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB493262 V1/3	
V1/O 1	LICENSE PLATE PA NO.	HBP960			YEAR (Plate Expires) 2016	STATE (Of Plate) FL V1/4	
V2/O 1	VEHICLE	YEAR 2011	MAKE Hyundai	MODEL ELANTRA	BODY STYLE 4 door Sedan	COLOR black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000 V1/5
	VEHICLE ID NO. (V1/N)	5NPDH4AE1BH042811			INSURANCE COMPANY GEICO		V1/6 18
	TOWED TO	TOWED BY			POLICY NO. 4276-92-63-10		V1/6 25
VEHICLE NO. 2							
I 1	DRIVER LICENSE NO.	H13720509			STATE (Of License) NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V1/P 1	DRIVER	HUY A TRAN			PHONE 402-419-0801	LOCAL NO.	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 830 HANNEMAN DR APT 104, LINCOLN, NE 68522			DATE OF BIRTH (MM / DD / YYYY) 12/14/1993	V2/1 18	
J 01	OWNER	HUY A TRAN			PHONE 402-419-0801	LOCAL NO. V2/2	
	OWNER ADDRESS	CITY, STATE, ZIP 830 HANNEMAN DR #104, LINCOLN, NE 68522			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. V2/3	
V1/Q 4	LICENSE PLATE PA NO.	TMN108			YEAR (Plate Expires) 2016	STATE (Of Plate) NE V2/4	
V2/Q 4	VEHICLE	YEAR 2003	MAKE Ford	MODEL FSV	BODY STYLE 2 door Sedan	COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000 V2/5
	VEHICLE ID NO. (V1/N)	3FAHP39583R166291			INSURANCE COMPANY GENERAL CASUALTY OF WISCONS		V2/6 18
K 01	TOWED TO	TOWED BY			POLICY NO. PAU2786493		V2/6 25
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	

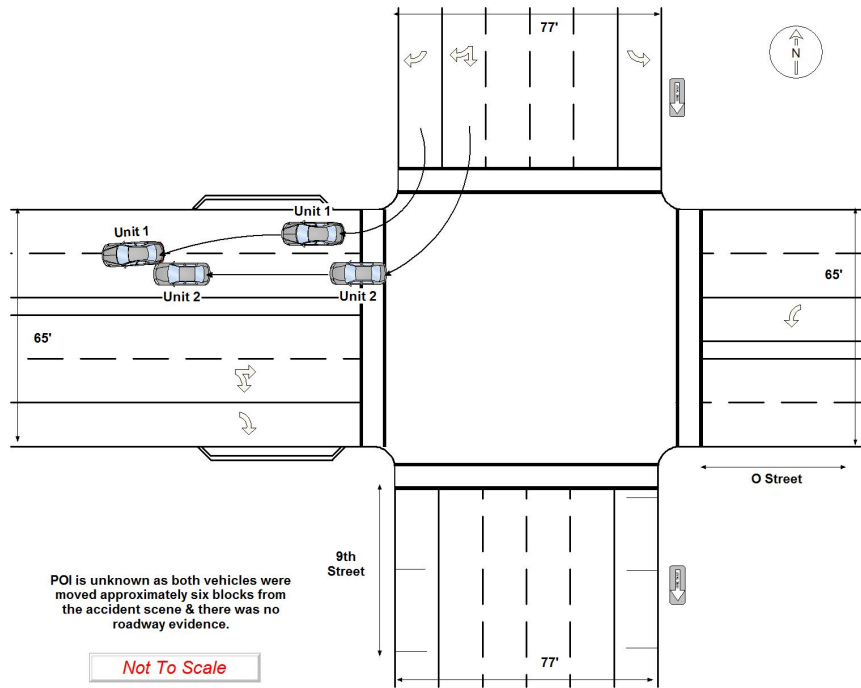
# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-112817



Indicate  
North  
by Arrow



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he turned right onto WB O Street from 9th Street & then changed lanes from the right lane to the left after not seeing anyone in that lane. As he merged to the left, his vehicle struck V2. D2 stated he turned from SB 9th Street to WB O Street on the outside lane. As he continued WB, V1 started merging into the lane he was in & collided with his vehicle. There were no injuries. Note: V1 expiration is actually in 2017, but the program would not accept that year, so 2016 was entered so accident could be approved.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)													
1				X	O STREET														
2				X	O STREET														
1	03				06 Turning left														
2	01				08 Entering traffic lane														
					01 Essentially straight ahead														
					02 Backing														
					03 Changing lanes														
					04 Overtaking/ Passing														
					05 Turning right														
					06 Leaving traffic lane														
					07 Making U-turn														
					08 Entering traffic lane														
					09 Leaving traffic lane														
					10 Parked														
					11 Slowing or stopped in traffic														
					12 Other														
					13 Unknown														

VEHICLE 1	VEHICLE 2
POINT OF IMPACT	POINT OF IMPACT
06	02
MOST DAMAGED AREA	MOST DAMAGED AREA
06	02

VEHICLE 1	VEHICLE 2
1 Deployed - front	1 None used - vehicle occupant
2 Deployed - side	2 Lap & shoulder belt used
3 Deployed - both front/side	3 Shoulder belt only used
4 Not deployed	4 Lap belt only used
5 Not applicable/ No airbag available	5 Child safety seat used
6 Unknown	6 Child booster seat used
	7 DOT approved helmet used
	8 Costume helmet used
	9 Restraint use unknown

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	N	N

ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2
1 Neither alcohol nor drugs suspected	1	1
2 Yes - alcohol suspected		
3 Yes - drugs suspected		
4 Yes - alcohol & drugs suspected		
5 Unknown		

OFFICER NO. 1563	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jon Rennerfeldt		INVESTIGATOR SIGNATURE Approved by Officer Jon Rennerfeldt	DATE OF REPORT 12/06/2015